

Statement of
The Honorable Leo S. MacKay, Jr. PhD
Deputy Secretary
Department Of Veterans Affairs
Before the
Subcommittee On Health
House Committee On Veterans' Affairs on
H.R. 3253, the National Medical Emergency Preparedness Act of 2001; and
H.R. 3254, the Medical Education for National Defense in the 21st Century

April 10, 2002

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to comment on two bills, H.R. 3254, the "Medical Education for National Defense in the 21st Century Act" and H.R. 3253, the "National Medical Emergency Preparedness Act of 2001."

VA has the infrastructure and expertise to be a vital and integral link in our nation's Homeland Security efforts. We are the largest integrated national health care system with personnel and facilities in virtually every community across the U.S. VA has a robust research program and is already actively engaged in numerous projects in the areas of bio-terrorism and medical emergency preparedness. We have made tremendous strides in improving our capacity to maintain operations in the event of a medical emergency by increasing our ability to protect our staff and by providing education and training. VA currently sponsors the largest medical education and health professions training program in the United States. Last year, approximately 85,000 health professionals

trained in our medical facilities. VA facilities are affiliated with almost 1,400 medical and other allied health care schools. It is imperative that not only VA but also non-VA health care providers receive the education and training needed to become highly adept at recognizing and responding to both the immediate and potential long-term medical needs of individuals exposed to chemical, biological, radiological, and other unconventional warfare agents.

As you are aware, under the Federal Response Plan, the Department of Health and Human Services (HHS) has been designated as lead Federal agency for assessing and providing health and medical services during medical emergencies. VA may be, and has in fact been, called upon to furnish needed medical assistance and related services.

The Executive Office of the President, through the Office of Homeland Security (OHS), is currently crafting a comprehensive coordinated federal policy on Homeland Security. VA is actively participating in this OHS effort. It is expected that OHS will deliver this policy to the President this July. The precise role and responsibilities VA will be assigned in the area of Homeland Security will be reflected in that policy. We expect that we will have much to contribute in this area based on our depth of expertise and infrastructure, as alluded to above.

Because the President's Homeland Security policy is forthcoming, we would like to work with the Committee to ensure that the provisions of H.R. 3253 and H.R. 3254 are consistent with the comprehensive federal plan.

Finally, I am very concerned that carrying out the proposed activities without dedicated funding could unacceptably diminish VA's ability to fulfill its primary mission—providing health care and services to veterans and their families. These new activities cannot be accommodated within our already stretched medical care accounts. Dedicated funding appropriated separately for this effort must be consistent with the discretionary spending limits of the President's budget.

Having said this, I would like to address the bills and provide a brief explanation of H.R. 3253 and H.R. 3254 and our views on their major provisions.

H.R. 3254

Mr. Chairman, the first bill, H.R. 3254, would require that the Secretaries of Veterans Affairs and Defense jointly develop and distribute a series of model education and training programs to prepare health professionals to respond to consequences of terrorist activities. The programs' content would emphasize education and training in the recognition of chemical, biological, and radiological agents that may be used in terrorist activities and identification of the potential symptoms related to use of those agents. They would also focus on management of clinical consequences of terrorist acts. The education and training programs would also be required to address short-term and long-term health consequences, including psychological effects that may result from exposure to such agents and the appropriate treatment of those health consequences. In addition, the programs must identify measures to be taken by health care professionals to prevent them from suffering secondary contamination or infection while treating victims of a national medical emergency. H.R. 3254 would also require that the proposed joint education and training programs be designed for health professions students, graduate medical education trainees, and health practitioners in a variety of fields.

Initial funding for these programs would be authorized from funds made available under the Emergency Supplemental Appropriations Act (Public Law 107-38).

VA strongly supports the goals of H.R. 3254. The proposed training and education activities on national medical emergencies would complement and strengthen the current training and education efforts being carried out by HHS through the Health Resources Administration and the Centers for Disease Control and Prevention.

As drafted, the bill provides that DoD would carry out the joint program through the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences. We recommend that the Committee consider placing DoD responsibility for the joint program in the Assistant Secretary of Defense (Health Affairs), which is the appropriate policy-level counterpart to the Under Secretary for Health.

If enacted, the Department projects the first-year costs associated with H.R. 3254 to be \$5,641,500, with ten-year costs estimated to be \$55,065,000.

H.R. 3253

Mr. Chairman, I next turn to H.R. 3253. This bill would require the Secretary to establish four or more Emergency Medical Preparedness Centers within the Veterans Health Administration (VHA). Under the proposal, VA employees would staff the proposed Centers, and the VHA Headquarters official responsible for medical preparedness would be responsible for supervising and evaluating the Centers' operations. The Centers would have three specific missions. First, they would carry out research and develop methods in detection, diagnosis, vaccination, protection, and treatment for CBR threats to the public health and safety. Second, they would provide education, training, and advice to VA and non-VA healthcare professionals. Third, the Centers would provide contingent rapid response laboratory assistance and other assistance to local health care authorities in the event of a national emergency.

H.R. 3253 would require that at least one of the proposed Centers focus on chemical threats, another concentrate on biological threats, and a third on radiological threats. Each Center would be required to conduct research on improved medical preparedness in that Center's particular area of expertise. To carry out this particular mandate, each Center would be authorized to seek funding from both public and private sources.

Finally, the bill would authorize initial funding from the Emergency Supplemental Appropriations Act (Public Law 107-38). It would also authorize additional appropriations and require the Under Secretary for Health to allocate from funds appropriated for the Medical Care Account and the Medical and Prosthetics Research Accounts such amounts as the Under Secretary for Health determines appropriate to carry out the activities of the Centers.

We strongly support the goals of H.R. 3253 and believe that VA's expertise and infrastructure is needed to help the nation respond to the health consequences of terrorists' use, and potential use, of CBR agents and other

similar unconventional weapons. However, H.R. 3253 would also authorize the Secretary to assist Federal, State, and local civil and law enforcement authorities with investigations to protect the public safety and to prevent or obviate CBR-related threats. Although we have the expertise to support such activities, I believe we should limit our role to support these needs on an expedited referral basis.

We also note that the training mission of the Centers is somewhat similar to the goals of H.R. 3254 addressed earlier. We recommend that the Subcommittee work to integrate the similar training provisions of the two bills.

I would like to point out that VA has already initiated several research activities that, in our view, are consistent with the proposed activities of the Centers. For instance, VA's Office of Research and Development (ORD) recently issued two solicitations for research relating to bio-terrorism. VA Medical Research Service will fund and establish Research Enhancement Award Programs for scientifically meritorious program projects relating to the diagnosis, prevention, and treatment of potentially fatal airborne pathogens or toxins. The Health Services Research and Development Service will support research focused on improving the capacity of the VA system to prepare for and respond to terrorist attacks. In addition, ORD is providing grants to VA facilities to enhance the physical security of research laboratories and animal facilities. Overall, in FY 2003 VA will commit up to \$2 million from research funds for these and similar initiatives. VA is proud of the success of its research programs, including our research efforts into war-related illnesses. We embrace our national role in addressing these concerns. As Secretary Principi pointed out in a recent interview, VA was involved in biological and chemical warfare research prior to Sept. 11, 2001. Our research includes possible treatments for various biochemical threats, including a promising antiviral agent against smallpox. Our aim is to continue these dynamic and vital research efforts as part of the overall national effort.

I would underscore that any new role or responsibilities must be consistent with the overall comprehensive federal strategy on Homeland Security.

Moreover, a separate appropriation consistent with the overall discretionary spending limits of the President's budget must be provided. We welcome the opportunity to work with the Committee to that end.

We are currently working on a cost estimate for this bill, which we will share with the committee when completed.

This concludes my statement. I will be happy to answer any questions you may have.